



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/20/08 to 11/24/08

1. Committee I.D. Number

138224

4. Candidate Last Name First Name M.I.

Joseph David M.

4a. Office Sought Including District # or Community Served (If applicable)

Chesterfield Township Trustee

4b. County of Residence Macomb

2. Committee Name

CTE David Joseph

5. Committee's Mailing Address

28637 Buckinghamshire Dr.
Chesterfield, MI 48047

6. Treasurer's Name & Residential Address

Christine Joseph
28637 Buckinghamshire Dr.
Chesterfield, MI 48047

Area Code and Phone (586) 212-3148

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 980-0694

7. Treasurer's Business Address

28637 Buckinghamshire Dr.
Chesterfield, MI 48047

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone (586) 980-0694

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11/04/08

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Christine Joseph

Type or Print Name

Signature

Date

12-4-08

Candidate David Joseph

Type or Print Name

Signature

Date

12-4-08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138224

2. Committee Name CTE David Joseph

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$175.00</u>	(18.) \$ <u>\$3,660.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$175.00</u>	(20.) \$ <u>\$3,660.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$1,433.66</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$282.81</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$282.81</u>	(23.) \$ <u>\$3,710.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$107.81</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$175.00</u>	
	(15.) = \$	<u>\$282.81</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	<u>\$282.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	<u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)			



1. Committee I.D. Number 138224

2. Committee Name CTE David Joseph

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10/21/08
Name & Address:			
Cynthia Berry			
52026 Hickory Dr.			
Chesterfield, MI 48047		\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10/21/08
Name & Address:			
David Auwen			
424 Crossett St.		\$ 25.00	\$ 25.00
Virginia Beach, VA 23452			
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	10/31/08
Name & Address:			
Terri Land			
7955 Byron Station Court SW		\$ 100.00	\$ 100.00
Byron Center, MI 49135			
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address:			
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal	\$175.00
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Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$175.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mount Clemens USPS Address Mount Clemens, Michigan 480469998 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/08</u> Date	<u>\$ 54.00</u>
Expenditure #2 Name Staples Address 51382 Gratiot Ave. Chesterfield Township, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies for postcards/flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/08</u> Date	<u>\$ 27.52</u>
Expenditure #3 Name Dolly's Pizza Address 51311 Gratiot Chesterfield, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Pizza for campaign volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/08</u> Date	<u>\$ 20.86</u>
Expenditure #4 Name Chase Bank Address 27100 23 Mile Road Chesterfield, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Service Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/08</u> Date	<u>\$ 10.00</u>
Expenditure #5 Name Wal-Mart Address 45400 Marketplace Blvd. Chesterfield, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food & drink for volunteer appreciation gathering</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/08</u> Date	<u>\$ 81.71</u>
Subtotal this page			\$194.09
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Champagne Chocolates</u> Address <u>54 Cherry Street</u> <u>Mount Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Chocolates for postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/08</u> Date	\$ <u>50.00</u>
Expenditure #2 Name <u>David Joseph</u> Address <u>28637 Buckinghamshire Dr.</u> <u>Chesterfield, MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repayment of debt</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/23/08</u> Date	\$ <u>38.72</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$88.72
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$282.81

Enter this total
on line 8a of
Summary Page